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207 **The Role of Nationwide Nosocomial Infection Surveillance in Detecting Epidemic Bacteremia Due to Contaminated Intravenous Fluids.** *Donald A. Goldmann, Richard E. Dixon (CDC, Atlanta, GA 30333), Conrad C. Fulkerson, Dennis G. Maki, Stanley M. Martin and John V. Bennett*

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223 **Proceedings and Abstracts of Papers Presented at the Eleventh Annual Meeting of the Society for Epidemiologic Research, Iowa City, Iowa, June 14–16, 1978**

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with higher rates of hemorrhage, cervical injury, and uterine perforation. Both anesthetic techniques appear to be safe, with similar degrees of overall safety, though each is associated with a different spectrum of complications.

History of spontaneous abortion and its relation to tobacco and alcohol use in 513 pregnant women. R. Little* (U. of Washington, (GI-80) Seattle, WA 98195).

A sample of 513 consecutive women of gravida two or greater who were paying patients at a health maintenance organization were interviewed in their fourth month of pregnancy about their smoking and alcohol use before conception. 80% of the sample were between 20 and 30 years of age, and 92% were white. 26% were smokers when they conceived and 9% reported drinking an average of at least 30 ml (1 oz) absolute alcohol (ethanol) daily in the six months before the current pregnancy. Smoking and drinking before conception were assumed from prior work to be a rough indicator of previous habits. A regression on the number of spontaneous abortions (*prior to the current pregnancy*) by smoking and alcohol use revealed that current smoking was significantly related to a history of abortion. Alcohol use failed to be significant, even when an equation for nonsmokers only was computed. These results must be interpreted with care, for current drinking and smoking is not always indicative of past behavior. However, the data suggest that smoking may be associated with history of spontaneous abortion, even in women who succeed in carrying a subsequent child into the fourth month of gestation.

Preventive potential of low-tar cigarettes. S. D. Stellman,* H. D. Austin and E. L. Wynder (American Health Foundation, New York, NY 10019).

During the past 20 years, three major events have occurred which will ultimately influence the rising lung cancer incidence rate: 1) average tar yields per cigarette have fallen, 2) specific condensate activity has declined, and 3) low tar cigarettes have been smoked by increasing proportions of smokers. In a retrospective study of epidermoid lung cancer, risks based on dose-response curves were derived for specific tar levels and used to compute attributable risks. Distributions of tar levels among non-hospitalized smokers were obtained from various sources used to estimate the number of lung cancer deaths attributable to cigarette smoking at each dosage. A number of plausible schedules of tar reduction suggested by our experience with both hospital interview studies and smoking cessation clinics are used to predict the number of lung cancer deaths which could be prevented at each level.

Cancer mortality in selected Louisiana parishes and drinking water source. M. Gottlieb* (Tulane University, New Orleans, LA 70112).

Cancer mortality rates for selected sites are high in Louisiana. Use of the Mississippi River water for drinking has been implicated. A case-control death certificate study of resident deaths and non-cancer deaths from 1960–1975 for selected Louisiana parishes has been undertaken to determine the relationship of water source and characteristics to cancer mortality. Parishes using surface water were paired to parishes using ground water and grouped to obtain an equal frequency of population using ground as surface water and having similar industrialization characteristics. Information on industry of occupation and industry located near residence will be collected and type of water used and dates of use will be verified. The cancer sites of interest are bladder, kidney, prostate, brain, liver, pancreas, rectum, large intestine, esophagus, stomach, lymphoma, multiple myeloma, leukemia, Hodgkin's disease, lung, breast, and malignant melanoma. Cases from a parish group were matched with controls from the same parish group. Preliminary analysis of the first eight sites indicates a pattern of increased relative odds for living in a surface-water-using parish for cancer of bladder, kidney, and rectum, for at least three out of five parish groups. There are differences in risks among parish groups for cancer mortality by site.

Racial differences in smoking behavior and prevalence of chronic bronchitis in two southeastern cities. A. Eshleman* (University of North Carolina at Chapel Hill, NC 27514).

Previous investigators have shown pronounced racial (black-white) differences in chronic bronchitis prevalence rates. In general, these studies have shown that blacks have lower rates than whites and that women have lower rates than men. There is less agreement about smoking behavior. Some studies show greater rates of cigarette smoking among blacks while others do not, but most agree that blacks have proportionately less total exposure to tobacco smoke. The present study, using a data set created by the U.S. Environmental Protection Agency, found striking racial differences in respiratory symptom prevalence and smoking behavior. In summary, there were no significant sex differences in age-, education-, and smoking-adjusted chronic bronchitis prevalence rates. There were large racial differences in prevalence, with overall adjusted rates for whites 1.6 to 3.1 times those for blacks. Smoking-specific, age- and education-adjusted rates for whites were twice those for blacks, suggesting that unknown host or environmental factors are influencing the development of the disease. Differential exposure to air pollution probably does not explain the differences. Possible biases from study design are discussed, as are the potentially unique conditions of life in the southeastern United States.

Lung function in populations in Los Angeles exposed and unexposed to photochemical/oxidant pollutants. R. Detels,* S. Rokaw, A. Coulson, D. Tashkin, J. Sayre and F. Massey (UCLA, Los Angeles, CA 90024).

A survey for chronic respiratory disease and impairment was completed in 3465 residents (70% of enumerated) of an area exposed to photochemical/oxidant pollutants and in 4509 residents (79% of enumerated) of a similar area exposed to low levels of pollutants. Tests included questionnaire, spirometry, plethysmography and the single breath nitrogen test. Cough and cough with sputum were more frequently reported in the low pollution area. Lung function was

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